

2873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35033

State File No.

Registrar's No.

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution. (Specify whether)
In this community years, months or days

3. (a) PRINT

FULL NAME **Sarah Jane Taylor**

3. (b) If veteran,

name war **No.**

3. (c) Social Security

No. **No.**

Female

5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Feb. 17. 1862**
(Month) (Day) (Year)

8. AGE:

Years

81

Months

8

Days

10

If less than one day

hr. min.

9. Birthplace **Yellville, Arkansas.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business

Unknown.

12. Name

Unknown

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara A. Hutchins**

(b) Address **214 W. 11th St., Joplin, Mo.**

17. (a) **Simons** (b) Date thereof **10-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valiant, Mo.**

18. (a) Signature of funeral director

(b) Address

19. (a) **10-28-43** (b) **J. S. Hostler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper**
(c) City or town **Joplin.** (If outside city or town limits, write "RURAL")
(d) Street No. **202 Maiden Lane.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27**
year **1943.** hour **1 P. M.** minute **M.**

21. I hereby certify that I attended the deceased from **Oct 27, 1943** to **Oct 27, 1943**
that I last saw him alive on **seen after death**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Hemorrhage as could be determined.**
Due to **Hypertension**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **C. N. Outtman** (D. or other)
Address **804. Miss. Bldg.** Date signed **10/28/43**

(License of Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-10-912

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.